

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-009781

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317
FILED MAR 5 1963

Primary Registration District No. 544

Registrar's No. 535

STATE FILE NUMBER

VS 300
Rev. 4/59

14003

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY/AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kirkwood</u>		c. CITY OR TOWN <u>Pacific</u>	
Length of stay in 1b <u>36 Hrs.</u>		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF DECEASED (If NOT in hospital, give location) <u>St Joseph</u>		d. STREET ADDRESS (If outside, give location) <u>413 S. 3rd.</u>	
3. NAME OF DECEASED (Type or print) First <u>Herbert</u> Middle <u>E.</u> Last <u>Gibson</u>		4. DATE OF DEATH Month <u>Feb</u> Day <u>18</u> Year <u>1963</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov 11, 1905</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electronic maintenance</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Chrysler</u>	
11. BIRTHPLACE (City and state or country) <u>Roberts, Ky</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>Herbert Gibson</u>		13b. MOTHER'S MAIDEN NAME <u>not known</u>	
14. NAME OF HUSBAND OR WIFE <u>Emma Gibson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>411</u>		17. INFORMANT <u>Emma Gibson</u> Address <u>Pacific Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Myocardial Infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal condition: <u>Severe Kyphoscoliosis of Spine</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	
20g. STATE		21. I attended the deceased from <u>6-29-61</u> to <u>this date</u> and last saw him alive on <u>2-17-63</u> Death occurred at <u>6:30</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Charles Miller M.D.</u>		22b. ADDRESS <u>135 W. ADAMS</u>	
22c. DATE SIGNED <u>2/18/63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Henderson</u>	
23b. DATE <u>Feb 21-1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Kirkwood 22 MO. TA 19150</u>	
23d. LOCATION (City, town, or county) <u>Ky.</u>		24. FUNERAL DIRECTOR <u>Mrs. Edward L. Thibbs</u> Address <u>Pacific Mo</u>	
25. DATE RECD. BY LOCAL REG. <u>2-18-63</u>		26. REGISTRAR'S SIGNATURE <u>John B. Murphy M.D.</u>	

USE BLACK INK

OR

TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

MAR 7 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ralph Altman

Licensed Embalmer No. 4808

P. O. Address Union Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.